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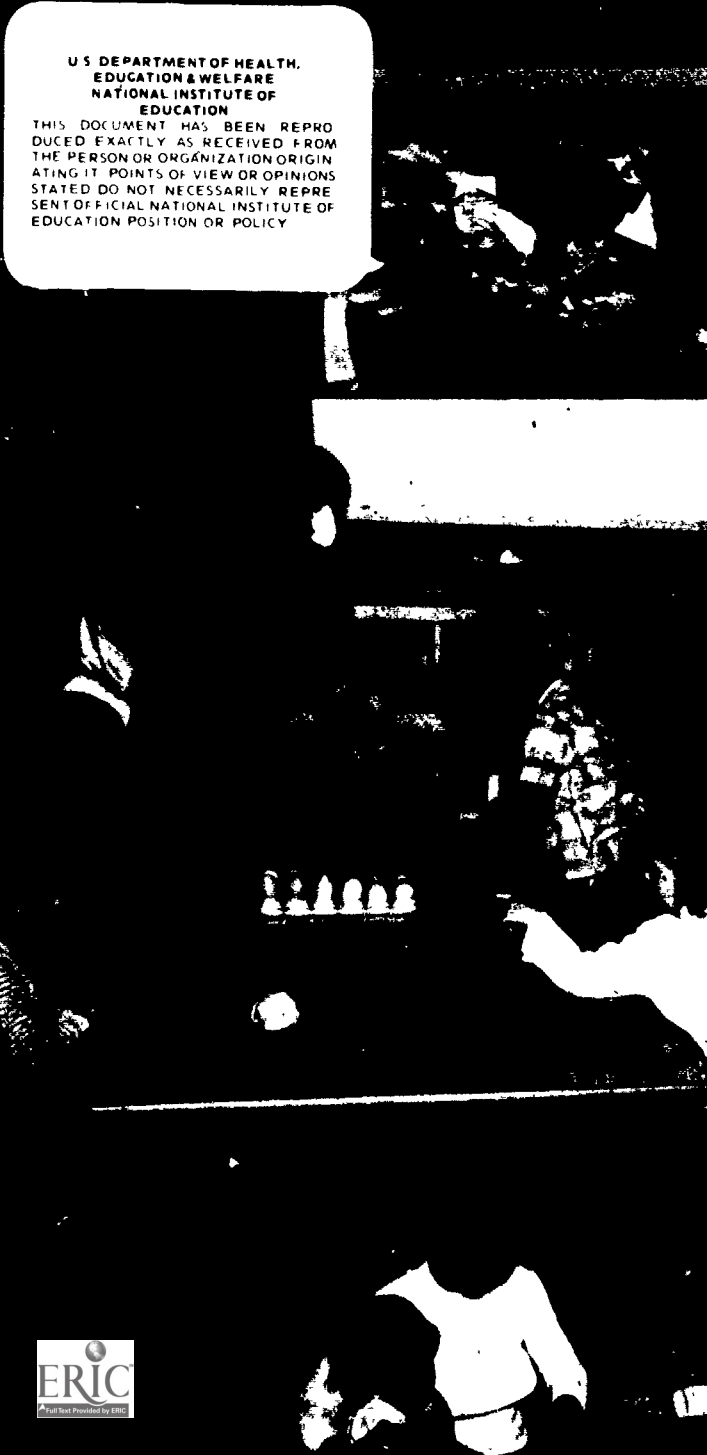
ABSTRACT

Described is a model program for developing the educational readiness and self-help skills of severely handicapped kindergarten and preschool children with a wide range of physical, mental, neurological or sensory deficits. It is explained that the program should provide heterogeneous grouping, individualized instruction, door-to-door transportation and parent education. A major program goal is normalizing the child's functioning to facilitate subsequent placement in existing regular or special education classes. Three service delivery levels (optimum, basic and minimal) are discussed in regard to teacher-pupil ratio, physical plant, materials and equipment, and the roles of supporting staff members (including social workers, psychologists, and occupational and physical therapists). Also considered are problems and solutions experienced by staff members at the Variety School for Special Education (Las Vegas) in such areas as ongoing assessment and the provision of direct and supportive services. Appendixes contain a detailed individual program profile for a student with multiple congenital anomalies and sample questions from a parent attitude and behavior inventory. (LH)



A MODEL PROGRAM

FOR

DIVERSELY

HANDICAPPED

CHILDREN

(Pre-School)

NEVADA STATE DEPARTMENT OF EDUCATION

Carson City, Nevada

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Preschool Program For The Handicapped was funded under Title III of the Elementary and Secondary Education Act, through the Nevada State Department of Education, Federal Relations and Programs Branch. The grantee was the Clark County School District, 2832 East Flamingo Road, Las Vegas, Nevada 89109.

Although federal funding has now ceased, the local school district is continuing the program using local resources.

INTRODUCTION

The rationale of offering a pre-school program for the diversely handicapped is based on the commonly accepted learning premise that the earlier one begins to acquaint the handicapped child with an educational regime, the greater is the probability of his success in his future educational course.

The program should be flexibly designed to meet the special requirements of students with a wide range of physical, mental, neurological and sensory deficits. Similarly, intellectual capacities can range from severe mental deficiency to those with well above average intellectual capacity. In concrete terms, the class is designed to serve the student with a congenital heart defect requiring a limited activity regime; the accident victim with spastic quadraplegis who requires diapering; the student who has a severe sight problem which limits his or her activities; or even the emotionally and socially disadvantaged who cannot benefit from a regular classroom experience.

The following description of a model program embodies a wealth of options allowing the educational planner to develop an effective program in any community under any circumstances. However, there are some basic tenets that must be acknowledged.

1. *Heterogeneous Grouping.* A student learns by example and precept and therefore his peer group becomes a positive force in shaping greater capacity. For example, a student with limited mobility will respond more readily to physical therapy and gait training if there are students within his classroom group who have adequate or even superior mobility and physical prowess.

2. *Individual Instruction.* In advancing the academic as well as the social skills of the diverse handicapped, it is of paramount importance to recognize the unique quality of their learning modes and provide maximal individualized instruction. Individualized program profiles outlining the specific needs, objectives, and activities to meet the objectives for each student should be designed by the staff.

3. *Viewing the Student as Becoming--Rather Than Being This or That.* Making a coordinated effort to mobilize each family's as well as community resources toward the goal of normalizing the child's everyday functioning with the view of returning the child to a regular classroom and the mainstream of education should be an integral part of the program.

4. *Transportation.* Providing door to door transportation from the student's home to the educational facility in order to assure regular attendance and also to provide positive support for family-school participation is an important consideration.

ESTABLISHMENT OF NEED

The students should be recruited from two basic resources. The first resource is those comm health, education, and welfare agencies which serve the severely handicapped child who is in appa need for special services such as physical therapy, speech therapy, occupational therapy, and med planning. These agencies should have identified the child before he is of school age. In a larg community they may include such public health resources as Special Children's Clinic, the Cripple Children's Clinic, the Welfare Department, the Public Health Department, the Association for Reta Children, and various church and philanthropic organizations. In a smaller community one might s the local hospital administrator, the Public Health Nurse, the welfare worker, the general medica practitioners, pastors of various church groups, and perhaps even local community citizen leaders a case finding effort. A second major source of referrals emerges when the family brings their h capped child to enroll in kindergarten. Without a program such as described herein, the teacher the principal of the school may recommend with or without a trial kindergarten experience that th family take the child home for a year to allow him to mature. These students, mildly or severely handicapped, comprise a group which can be described as kindergarten *drop-outs* depending upon th relationship between the family and the school authorities. *In any event this program would prov an educational opportunity for those children who appear unable to benefit from the regular kinde experience.*

Two broad priorities are derived from the preceding. (1) The severity of the handicapping tion and apparent need for special services provided by the program are important criteria for pu eligibility. (2) Primary consideration should be given to five year olds who by virtue of the s and the goals of the program will be enabled later to become students in existing regular or spec education classes. *First consideration should be given to those who have been excluded, exempted placed on suspended enrollment in terms of public school kindergarten attendance.*

It is with deep sincerity that the project staff encourages those reading this model progra initiate a similar project. We further invite personal inquiries from educational planners who a beginning such an adventure, offering our specific experiences including methodology techniques, etc. Such inquiries should be directed to:

Howard J. Marr, Project Director, or
Ronald Stepke, Project Evaluator
Pre-School Education of the Handicapped, ESEA Title III
Variety School for Special Education
2601 East Sunrise Avenue
Las Vegas, Nevada 89101

PROGRAM GOALS

Physical Facilities, Equipment and Supplies, Staff Qualifications and Staff/Pupil Ratio

The program goals fall into four broad categories:

1. To develop self-care skills among pre-school aged handicapped children.

2. To develop education readiness amongst handicapped children.

3. To achieve parental understanding of the handicapping condition and secure parental support and cooperation in implementing both self-help skills and educational readiness.

4. To identify and evaluate each child's needs and capacities for the purpose of correct placement in a formal education program at the end of the year.

On the following pages staff qualifications, the staff/pupil ratio, the physical plant, equipment, and supplies are described at three levels. The first column describes each of the foregoing at an optimum level, the second at a basic level, and the third at a minimal level. These descriptions permit the educational planner to envision programs of varying costs and capabilities in respect to community needs and resources.

T E A C H I N G S T A F F

For

Diversely Handicapped Children (Pre-School)

O P T I M U M	B A S I C	M
One teacher and one aide per ten pupils. Teacher trained in learning disabilities M.A. with a B.A. in Special Education. Minimum of five years teaching experience in special education. Teacher-aide experienced in school clerical skills and child supervision.	One teacher and one aide per thirteen students. Teacher trained in special education. Teacher-aide exposed to child rearing practices and some clerical skills.	One teacher students. T education. parent (may

T E A C H I N G S T A F F

For

Diversely Handicapped Children (Pre-School)

	BASIC	MINIMUM
ten arning . in of ce in aide al .	One teacher and one aide per thirteen students. Teacher trained in special education. Teacher-aide exposed to child rearing practices and some clerical skills.	One teacher and one aide per fifteen students. Teacher trained in primary education. Teacher-aide experienced parent (may be volunteer).

MATERIALS & EQUIPMENT

OPTIMUM

Bulletin board, movie screen
Pencil sharpener
Filing cabinet
Book cases
Tables (small)
Desks (small)
Kindergarten chairs
Relaxation chairs
Diapering table
Cut-out table
Stand-up table
Adjustable kindergarten chair w/arm
Tape recorder
Cassette player
Record player
Teacher's desk
Aide's desk
Aide's desk
Tricycles
Wheelbarrow
Wagon
Wheelchair
Color television
Easel
U.S. Flag & Nevada State Flag
Playground equipment geared for young children
Picnic table outside

Toy shelves
Access to: movie & filmstrip projectors, typewriter
Kindergarten readiness workbooks
Frostig program, Dubnoff program
Primary Peabody Language Development Kit
Rhythm band instruments
Wooden puzzles
Form boards
Stacking blocks
Peg boards & pegs
1" cubes
Building blocks
Playhouse
Dolls & doll house, doll bed
Trucks, trains, cars & boats
Pounding board
Lock & gadget boards
Parqueting board & blocks
Plastic stencils
Alphabet cards
Plastic or wooden letters
Beads
Balls
Double-handed scissors
Books & records
Bean bags

Puppets
Manipulative
3-dimensional
Primary crayo
Regular pencil
Markers
Chalk & chall
Scissors--rig
Construction colors & st
Papers: Ditt print, fing with wide
Watercolors, finger pai
Paint brushes
Manila folde rubber ban safety pin
Paper clips
Colored penc
Clay
Masking tape
Scotch tape
Paper punch
Access to: tapes, rec

MATERIALS & EQUIPMENT

OPTIMUM

e screen

rten chair

State Flag
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n
e

Toy shelves
Access to: movie & filmstrip projectors, typewriter
Kindergarten readiness workbooks
Frostig program, Dubnoff program
Primary Peabody Language Development Kit
Rhythm band instruments
Wooden puzzles
Form boards
Stacking blocks
Peg boards & pegs
1" cubes
Building blocks
Playhouse
Dolls & doll house, doll bed
Trucks, trains, cars & boats
Pounding board
Lock & gadget boards
Parqueting board & blocks
Plastic stencils
Alphabet cards
Plastic or wooden letters
Beads
Balls
Double-handed scissors
Books & records
Bean bags
Puppets
Manipulative toys, pull toys
3-dimensional puzzles
Primary crayons & pencils
Regular pencils & erasers
Markers
Chalk & chalk erasers
Scissors--right & left handed
Construction paper--assorted colors & sizes
Papers: Ditto, tracing, newsprint, finger painting, writing with wide lines
Watercolors, tempera paints, finger paints
Paint brushes
Manila folders, tapler & staples, rubber bands, straight pins, safety pins
Paper clips
Colored pencils
Clay
Masking tape
Scotch tape
Paper punch
Access to: filmstrips, movies, tapes, records & library books

BASIC

Classroom, partially carpeted, with storage area, access to sink and bathroom, acce
playground, coat hooks, to contain the following:

Bulletin board, movie screen
Pencil sharpener
Filing Cabinet
Book cases
Tables (small)
Desks (small)
Kindergarten chairs
Homemade cut-out table
Homemade relaxation chair
Homemade stand-up table
Homemade adjustable chair
Record player
Toy shelves
Teacher's desk
Television
U. S. Flag
Access to: Tape recorder, cassette player, movie projector, filmstrip projector, playground equipment

Kindergarten readiness workbooks
Homemade rhythm band instruments
[illegible]ugs
Clay
Masking tape
Straight pins
Puzzles
Blocks
Peg boards & pegs
Dolls
Trucks & cars
Pull toys
Alphabet cards
Beads
Balls
Books

Records
Access t
strips
librar
Crayons
Erasers
Chalk
Scissors
Construc
Dittos &
Clay
Paste &
Tempera
Paint br
Stapler
Pape[illegible]
Scotch t

MINIMUM

Classroom, with access to sink and bathroom, to contain the following:

Storage cabinet
Table
Chairs
Access to record player
Picture books
Dolls & puppets

Puzzles
Beads
Blocks
Balls
Manipulative toys
Records
Pencils & crayons

Dittos & di
Construction
Tempera pai
Paint brush
Clay
Scissors
Paste

B A S I C

c a[illegible] with storage area, a cess to sink and bathroom, access to
ks, [illegible]ain the following:

movie screen
r

airs
t table
tion chair
up table
able chair

e recorder,
er, movie
lmstrip
ayground

Kindergarten readiness workbooks
Homemade rhythm band instruments
Puppets
Bean bags
Clay
Masking tape
Straignt pins
Puzzles
Blocks
Peg boards & pegs
Dolls
Trucks & cars
Pull toys
Alphabet cards
Beads
Balls
Books

Records
Access to: movies, filmstrips, tapes, records, library books
Crayons & pencils
Erasers
Chalk
Scissors
Construction paper
Dittos & ditto paper
Clay
Paste & glue
Tempera paints, finger paints
Paint brushes
Stapler & staples
Paper clips
Scotch tape

M I N I M U M

ss to sink and bathroom, to contain the following:

d player

Puzzles
Beads
Blocks
Balls
Manipulative toys
Records
Pencils & crayons

Dittos & ditto paper
Construction paper
Tempera paint & finger paints
Paint brushes
Clay
Scissors
Paste

SOCIAL WORK

For

Diversely Handicapped Children (Pre-School)

OPTIMUM	BASIC	MIN
A Master's Degree in Social Work with broad experience in child welfare and some experience with handicapped children in a school and/or institutional setting. Permanent full time assignment per three (3) classes. Secretarial help.	A Master's Degree in Social Work with broad experience in the field. Regular assignment on a part-time basis (two days per week per class). Secretarial help.	Consultant service tr classroom

S O C I A L W O R K

For

Diversely Handicapped Children (Pre-School)

B A S I C

A Master's Degree in Social Work with broad experience in the field. Regular assignment on a part-time basis (two days per week per class). Secretarial help.

M I N I M U M

Consultant basis of a social service trained person to classroom teacher.

15

16

MATERIALS & EQUIPMENT

OPTIMUM

A private office suitably equipped to include:

Desk & chairs
Telephone
File cabinet
Table
Bookcase
Bulletin board
Pre-school type toys
Dictating Equipment
Stationery items: blotter, paper, calendar, pens
Screening type testing instruments such as: Peabody Picture Vocabulary Test, WRAT, Slasson Intelligence Test
Funds for professional literature, attendance at conferences and the like

BASIC

Available office space regularly set aside and suitably equipped to include:

Desk & chairs
File cabinets
Table
Bookcase
Telephone
Pre-school type toys
Dictation equipment
Staionery items

Scree

NOTE: The Social Worker assigned to the progra the segrent known as PARENT EDUCATION an facilities for small group evening meeti

MATERIALS & EQUIPMENT

BASIC

Available office space regularly set aside and suitably equipped to include:

Desk & chairs
File cabinets
Table
Bookcase
Telephone
Pre-school type toys
Dictation equipment
Staionery items

MINIMUM

Screening devices such as:

Peabody Picture Vocabulary Test
Frostig materials for demonstration purposes

NOTE: The Social Worker assigned to the program is responsible for the segment known as PARENT EDUCATION and therefore will need facilities for small group evening meetings.

HEALTH SERVICES

For

Diversely Handicapped Children (Pre-School)

OPTIMUM	BASIC	
R. N. with B. S. degree in nursing including public health nursing, two years experience in school nursing, and has completed special educational preparation in basic assessment of physical, neurological, developmental, hearing and vision screenings. Is prepared to conduct a thorough physical examination and get complete health history. Is assigned full time to pre-school program--three (3) classes.	R. N. with B. S. degree including public health nursing education and experience. Assigned to school with one day a week (per class) to be used to service only pre-school children.	R. N. wi experien can be o day per tancy ba of diver regardin time per and dent

19

HEALTH SERVICES

For

Diversely Handicapped Children (Pre-School)

BASIC	MINIMUM
R. N. with B. S. degree including public health nursing education and experience. Assigned to school with one day a week (per class) to be used to service only pre-school children.	R. N. with public health nursing experience and B. S. degree if can be obtained. Available one day per week to school on a consultancy basis. Consults with teacher of diversely handicapped children regarding health problems and as time permits, does vision, hearing, and dental screening.

M E D I C A L S E R V I C E S

For

Diversely Handicapped Children (Pre-School)

O P T I M U M	B A S I C	M I
Every child in program has: *Pediatric examination, pediatric neurological examination, pediatric neurologist; psychiatric examination--- psychiatrist; ophthalmalogical examination--ophthalmalogist; otological examination--- otologist; dental examination- orthodontist; orthopedic examination--orthopedist and the services of a plastic surgeon, dermatologist, cardiologist, etc. as indicated.*	Every child have a pediatric examination and have available consultants for orthopedic, neurological and psychiatric examination. Otological, ophthalmalogical and orthodonture services available in community.	Family do Crippled Services

M E D I C A L S E R V I C E S

For

Diversely Handicapped Children (Pre-School)

B A S I C	M I N I M U M
Every child have a pediatric examination and have available consultants for orthopedic, neurological and psychiatric examination. Otological, ophthalmalogical and orthodonture services available in community.	Family doctor Crippled Children's Clinic Services as indicated

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MATERIALS & EQUIPMENT

OPTIMUM

Medical suite furnished with all equipment and materials needed in a doctor's examiring room, plus office for conferences.
Dictaphone.
Separate office for school nurse included in medical suite.

BASIC

Office assigned to school nurse's use only.
Hearing and vision testing equipment:

Audiometer
Snellen

M

Office a
nurse is
screenin
in schoo
ometer.

MATERIALS & EQUIPMENT

BASIC

Office assigned to school nurse's use only. Hearing and vision testing equipment:

Audiometer
Snellen

MINIMUM

Office assigned for use when nurse is in school. Snellen screening material available in school. Carries own audiometer.

PSYCHOLOGICAL SERVICES

For

Diversely Handicapped Children (Pre-School)

STAFF

OPTIMUM	BASIC	M
Certified school psychologist with at least two years experience in an educational setting. Experience in assessing children with diversely handicapping conditions desirable. Should be available at least one day a week per class and available at all times for consultation.	Certified school psychologist available as consultant for special problems and for formal testing and staffing one day a week per class.	Certified available for testi minimum of per child at end of

P S Y C H O L O G I C A L S E R V I C E S

For

Diversely Handicapped Children (Pre-School)

S T A F F

B A S I C	M I N I M U M
Certified school psychologist available as consultant for special problems and for formal testing and staffing one day a week per class.	Certified school psychologist available for consultation and for testing and staffing for a minimum of four to five hours per child enrolled in program at end of school year.

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MATERIALS & EQUIPMENT

OPTIMUM

A private office equipped with:
Desk & chair
Two adjustable testing tables
Small chairs
Filing cabinet
Storage cupboard
Intelligence tests: *Stanford-Binet, WPPSI, Cattell Infant Scale, French's Pictoral Test of Intelligence, Leiter Performance Scale, Peabody Picture Vocabulary*
Other tests: *Illinois Test of Psycholinguistic Abilities, Frostig Developmental Test for Visual Perception, Psychoeducational Inventory of Basic Learning Abilities, Inventory of Developmental Tasks, Gessell Developmental Kit, Vineland Social Maturity Scale, Wide-Range Achievement Test, Binder-Gestalt Test*

BASIC

Facilities and equipment available on days psychologist is employed:
Desk with chair
Adjustable table
Chairs
Storage cupboard
Filing cabinet
Intelligence tests: *Stanford-Binet, WPPSI, Cattell Infant Scale, ITPA, Frostig Developmental Test of Visual Perception, Inventory of Developmental Tasks, Vineland Social Maturity Scale.*

M

Facilities ar
Two chairs
Adjustable
Intelligence
(usually co
chologist)
Other tests:

MATERIALS & EQUIPMENT

BASIC

Facilities and equipment available on days psychologist is employed:

Desk with chair
Adjustable table
Chairs
Storage cupboard
Filing cabinet

Intelligence tests: *Stanford-Binet, WPPSI, Cattell Infant Scale, ITPA, Frostig Developmental Test of Visual Perception, Inventory of Developmental Tasks, Vineland Social Maturity Scale.*

MINIMUM

Facilities and equipment for testing:

Two chairs
Adjustable table

Intelligence tests: *Stanford-Binet, (usually can be provided by psychologist)*

Other tests: *Vineland Social Maturity Scale*

SPEECH THERAPY SERVICES

For

Diversely Handicapped Children (Pre-School)

STAFF

OPTIMUM	BASIC	M
One speech therapist per class working on a one to one basis--each child receiving daily therapy of a corrective and language development nature.	One speech therapist per program--20 to 30 minutes per session--two or three times per week depending on case load.	One speech th advisory capa to teacher an

SPEECH THERAPY SERVICES

For

Diversely Handicapped Children (Pre-School)

STAFF

BASIC	MINIMUM
One speech therapist per program--20 to 30 minutes per session--two or three times per week depending on case load.	One speech therapist acting in an advisory capacity available (on call) to teacher and parents.

MATERIALS & EQUIPMENT

OPTIMUM

A separate therapy room equipped with:

- *Primary Peabody Kit*
- *Speech mirror*
- *Auditory Trainer (Multiple)*
- *Audio Flash Card Unit*
- *Phonic mirror*
- *Tape recorder and tapes*
- *Audiometer*

BASIC

Separate therapy room equipped with:

- *Primary Peabody Kit*
- *Tape recorder and tapes*
- *Phonograph*

MI

Speech therap
Primary Peabo

MATERIALS & EQUIPMENT

BASIC	MINIMUM
Separate therapy room equipped with: *Primary Peabody Kit* *Tape recorder and tapes* *Phonograph*	Speech therapist in classroom Primary Peabody Kit for classroom

OCCUPATIONAL THERAPY

For

Diversely Handicapped Children (Pre-School)

STAFF

OPTIMUM	BASIC	M
Registered occupational therapist with at least one year experience in pediatrics, supplying daily treatment to 12-14 children on individual basis. Occupational therapy aide to assist with children, clerical and room maintenance.	Registered occupational therapist, some experience in pediatrics, treats each child 2-3 times weekly on an individual basis.	Registered available o evaluate ch self-help a teacher and assist chil

O C C U P A T I O N A L T H E R A P Y

For

Diversely Handicapped Children (Pre-School)

S T A F F

B A S I C

Registered occupational therapist, some experience in pediatrics, treats each child 2-3 times weekly on an individual basis.

M I N I M U M

Registered occupational therapist available on consultancy basis to evaluate child's needs in area of self-help and motor skills. Advises teacher and parents on ways to assist child.

MATERIALS & EQUIPMENT

OPTIMUM

Room large enough to accommodate equipment plus storage area for supplies:

- *Desk for therapist*
- *File cabinet*
- *Adjustable cut-out table*
- *Several small straight-back chairs, two with adjustable footboards*
- *Adjustable stand-up table*
- *5' x 7' exercise mat*
- *Refrigerator for feeding training foods*
- *Sewing machine for making practice dressing garments*
- *Splint-making materials*
- *Montessori boards*
- *Manipulative toys, including pegs and lacing beads*
- *Adapted play materials to promote specific patterns of movement*
- *Pre-writing materials: Paints, pencils, crayons, tracing templates, paper*
- *Primary scissors*
- *Eating utensils*
- *Large movable mirror*
- *10" ball, bean bag, Play Doh*
- *Small dressing room*

BASIC

Occupational therapy room, separate from classroom:

- *Storage cabinet and shelves*
- *Screens for dressing area*
- *Small adjustable cut-out table*
- *2 small chairs*
- *Assorted footstools*
- *5' x 7' carpet*
- *Montessori boards*
- *Practice garments for dressing*
- *Splint materials*
- *Eating utensils*
- *Manipulative toys*
- *Adapted toys which promote specific motor skills*
- *Pre-writing materials: Paints, crayons, pencils, paper*
- *Large ball*
- *Bean bags*
- *Scissors*

- *Montessori*
- *Manipulativ*
- *Large dolls*
- *Toys which nation ar*
- *Play equipm tricycles*
- *Pre-writing crayons*
- *Scissors*

MATERIALS & EQUIPMENT

BASIC

Occupational therapy room, separate from classroom:

- *Storage cabinet and shelves*
- *Screens for dressing area*
- *Small adjustable cut-out table*
- *2 small chairs*
- *Assorted footstools*
- *5' x 7' carpet*
- *Montessori boards*
- *Practice garments for dressing*
- *Splint materials*
- *Eating utensils*
- *Manipulative toys*
- *Adapted toys which promote specific motor skills*
- *Pre-writing materials: Paints, crayons, pencils, paper*
- *Large ball*
- *Bean bags*
- *Scissors*

MINIMUM

- *Montessori boards*
- *Manipulative toys*
- *Large dolls with removable clothing*
- *Toys which improve eye-hand coordination and pinch grasp*
- *Play equipment for gross coordination: tricycles, large ball, bean bags*
- *Pre-writing materials: pencils, crayons*
- *Scissors*

P H Y S I C A L T H E R A P Y

For

Diversely Handicapped Children (Pre-School)

S T A F F

O P T I M U M

State Licensed Physical Therapist with at least two years experience with physically handicapped children, to give therapy to 12-14 children daily. Physical therapy aide to assist with children, see that equipment is taken care of and do all clerical work.

B A S I C

State Licensed Physical Therapist with at least two years experience with physically handicapped children. Treats each child individually.

State Lice
as consult
and advise

PHYSICAL THERAPY

For

Diversely Handicapped Children (Pre-School)

STAFF

BASIC	MINIMUM
State Licensed Physical Therapist with at least two years experience with physically handicapped children. Treats each child individually.	State Licensed Physical Therapist as consultant to evaluate children and advise teacher.

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MATERIALS & EQUIPMENT

OPTIMUM

Room large enough to accommodate equipment plus office and storage area for supplies:

- *Desk and filing cabinets*
- *Typewriter*
- *Two large wall mirrors 5' x 7'*
- *Three-way standing mirror*
- *Parallel bars with separation board*
- *Treatment table*
- *Table 4' x 6' wheelchair height*
- *Mat 4' x 6' for table*
- *Mat 5' x 7' for table*
- *Stall bars*
- *Stairway with standard steps on one side, shallow steps on other*
- *Shoulder wheel*
- *Stationary bicycle with speedometer and tension adjuster*
- *Restorator with metal chair*
- *Graduated benches*
- *Three straight backed chairs*
- *Adjustable crutches--underarm & forearm*
- *Tripod canes*
- *Wheelchairs for in-school transportation*
- *Pulleys--three way*
- *Weights--graduated*
- *Ball, Bean bags, Sand bags*
- *Carpeting of 1/4 area*
- *Small toys for hand dexterity*
- *Therapeutic pool plus linen washing and drying facilities*

BASIC

Therapy room with storage area:

- *Desk and filing cabinet*
- *1 large wall mirror 5' x 7'*
- *Three-way standing mirror*
- *Parallel bars with separation board*
- *Table 4' x 6' wheelchair height*
- *Mat 4' x 6' for table*
- *Stairway with standard steps on one side, shallow steps on other*
- *Shoulder wheel*
- *Stationary bicycle with speedometer and tension adjuster*
- *Graduated benches*
- *Straight backed chair*
- *Adjustable crutches--underarm & forearm*
- *Tripod canes*
- *Pulleys*
- *Weights--graduated*
- *Ball*
- *Bean bags*
- *Sand bags*
- *Small toys for hand dexterity*

M

- *Standing T*
- *Steps*
- *Benches*
- *Mirror*
- *Ball*
- *Bean Bags*
- *Tricycle*
- *Toys--some*
- *some for*
- *Parallel b*
- *Children &*
- *agencies*

MATERIALS & EQUIPMENT

BASIC	MINIMUM
Therapy room with storage area:	*Standing Table*
Desk and filing cabinet	*Steps*
1 large wall mirror 5' x 7'	*Benches*
Three-way standing mirror	*Mirror*
Parallel bars with separation board	*Ball*
Table 4' x 6' wheelchair height	*Bean Bags*
Mat 4' x 6' for table	*Tricycle*
Stairway with standard steps on one side, shallow steps on other	*Toys--some for large muscle group, some for hand dexterity*
Shoulder wheel	*Parallel bars*
Stationary bicycle with speedometer and tension adjuster	*Children can be referred to outside agencies such as Easter Seal*
Graduated benches	
Straight backed chair	
Adjustable crutches--underarm & forearm	
Tripod canes	
Pulleys	
Weights--graduated	
Ball	
Bean bags	
Sand bags	
Small toys for hand dexterity	

SOME PROBLEMS & SOLUTIONS

ONGOING ASSESSMENT PROCESS

Experience at Variety School with the program indicated that diagnostic formulations ab to be far less than valid. Consequently, for all practical purposes, we instituted an open with an ongoing assessment process. However, at the same time we established a six to eight that we could exclude those children who were functionally incapable of profiting from the p dren only seven were excluded from the program because they could not respond to or profit f

The ongoing assessment process was based on the premise that diagnostic formulations wi mately tend to be set in negative terms which establish negative self-fulfilling prophecies. pre-enrollment evaluation was avoided and the student was assessed functionally through inte of accepting the child in the program. It was felt that even the most sophisticated profess positive philosophy would find the perceptions of a student unavoidably altered when they le from a nationally known medical center had labeled a four year old schizophrenic. Labels su trainable, CP have the same effect that occurs when a public official is accused of embezzl later acquitted. Young children rought to disagnostic facilities by their parents are alwa possible circumstances. An evaluation under these circumstances is almost always likely to negative. In avoiding a formal diagnostic workup and instead relying on developing individu were able to place our professional staff in the role of teacher/parent-consultants and prob those of child labeler and problem seekers.

DIRECT SERVICES

The open enrollment policy coupled with the criterion that the child only be someh[illegible] si from the normal population tended to alter the character of the preschool program from [illegible]ar the children enrolled in the program represented a fairly even balance of physical, mental, deficits. The second year the great majority of students were physically handicapped with n normal or near normal intellectual capacities. The third year the preponderance of students defects with severe to moderate retardation as defining factors. This phenomena has particu educational planner in terms of providing the direct services of speech therapy, physical th therapy because the demands on these particular services will vary according to the composit a given year. Similarly a student who required all three of these services will pose some

SOME PROBLEMS & SOLUTIONS

chool with the program indicated that diagnostic formulations about preschoolers tended Consequently, for all practical purposes, we instituted an open enrollment policy coupled rocess. However, at the same time we established a six to eight week trial placement so children who were functionally incapable of profiting from the program. Out of 79 chil- d from the program because they could not respond to or profit from it.

process was based on the premise that diagnostic formulations within our culture ulti- ative terms which establish negative self-fulfilling prophecies. Therefore an extensive s avoided and the student was assessed functionally through interviewing at the point e program. It was felt that even the most sophisticated professional person with a nd the perceptions of a student unavoidably altered when they learned that a psychiatrist cal center had labeled a four year old zophrenic. Labels such as schizophrenic, effect that occurs when a public official is accused of embezzlement even though he is dren brought to disagnostic facilities by their parents are always seen under the worst evaluation under these circumstances is almost always likely to be discriminatively mal diagnostic workup and instead relying on developing individual program profiles, we ssional staff in the role of teacher/parent-consultants and problem solvers rather than roblem seekers.

icy coupled with the criterion that the child only be somehow significantly different ended to alter the character of the preschool program from year to year. The first year program represented a fairly even balance of physical, mental, neurological and sensory he great majority of students were physically handicapped with many students havi g ectual capacities. The third year the preponderance of students had severe congenital ate retardation as defining factors. This phenomena has particular significance to the of providing the direct services of speech therapy, physical therapy, and occupational on these particular services will vary according to the composition of the classes for tudent who required all three of these services will pose some frustration for the teacher

in that the input of these services, when offered on campus, substantially subtracts from the programming with the student. In addition it also means that the teacher will need to devote time to carryover programs supporting the goals of speech, physical and occupational therapy.

It is even more feasible for the education process to succeed without occupational thera physical therapy on campus if arrangements can be made for parents to receive medical consult specialists through private physicians, health clinics, and the like.

SUPPORTIVE SERVICES

Competent nurses, psychologists and social workers are generalists. They play liaison, tative and supplemental roles to the teacher in a student/teacher centered program. The educ bear in mind that some of the role responsibilities of each of these professionals are interc a program. Though in this program parent education was the responsibility of the social work that the psychologist could implement an equally good parent education and counseling program health planning and coordination functions could be carried by the social worker with equal a teacher or the social worker could adequately formulate an educational diagnosis by utilizing tests such as the Inventory of Developmental Tasks or the Illinois Test of Psycho Linguistic

INDIVIDUAL PROGRAM PROFILES: *A Mode to Derive Pragmatic Techniques and Methodology*

A lengthy discussion of techniques and methodology regarding the various professional di this writing because the Project Administrator and the Project Evaluator feel this broad area responsibility that remains with those persons actually implementing the program. The Indivi (Appendix A) spells out the student's various needs in the areas of health, education, self-h emotional functioning and those needs related to the various therapy programs. In addition i havioral objectives which can be achieved through various educational and therapeutic activit were updated at weekly team conferences. The Individual Program Profile provided the major s in accomplishing the following:

1. It focused team efforts as primarily student and secondly teacher centered.

2. It secured cooperation and coordination effort among the team members.

3. It at once implemented expansion of the objectives and activities, and at the same t demoralization because it provided benchmarks of progress particularly when the stud demonstrated slow progress.

4. It structured emphasis on individualized instruction and the student's unique specia

services, when offered on campus, substantially subtracts from the amount of educational t. In addition it also means that the teacher will need to devote more of her classroom supporting the goals of speech, physical and occupational therapy.

le for the education process to succeed without occupational therapy, speech therapy and if arrangements can be made for parents to receive medical consultation with these physicians, health clinics, and the like.

hologists and social workers are generalists. They play liaison, coordinating, consul- es to the teacher in a student/teacher centered program. The educational planner should he role responsibilities of each of these professionals are interchangeable in developing program parent education was the responsibility of the social worker, it is conceivable implement an equally good parent education and counseling program. Likewise the nurse's ation functions could be carried by the social worker with equal adequacy. Similarly the could adequately formulate an educational diagnosis by utilizing teacher administered of Developmental Tasks or the Illinois Test of Psycho Linguistic Abilities.

: *A Mode to Derive Pragmatic Techniques and Methodology*

f techniques and methodology regarding the various professional disciplines is absent from oject Administrator and the Project Evaluator feel this broad area is a professional role with those persons actually implementing the program. The Individual Program Profile student's various needs in the areas of health, education, self-help skills, social and hose needs related to the various therapy programs. In addition it states specific be- an be achieved through various educational and therapeutic activities. These in turn conferences. The Individual Program Profile provided the major structure for the program ing:

forts as primarily student and secondly teacher centered.

tion and coordination effort among the team members.

nted expansion of the objectives and activities, and at the same time prevented staff ause it provided benchmarks of progress particularly when the student hit a plateau and progress.

sis on individualized instruction and the student's unique special services needs.

5. It maintained the teachers' and the special services' involvement in the students' areas of concern. Though the latter may seem only logical, it is extremely importa can only continue to be student centered if staff efforts are sharply focused on st than program structure. A copy of a final Individual Program Profile for a student Appendix A.

It should be emphasized that in regard competing professional needs, the educational precedence over the demand of the other supportive and direct services. For this reason it obtaining a well trained teacher and teacher-aide is perhaps the first priority of the educa of implementing the program. It is difficult to countenance achieving the individualized in out the services of a teacher-aide.

PARENT EDUCATION

Involvement in the parent education program, to be successful and reach the majority of be all things to all parents. It must be presented at all levels by all staff members. Tho role of the social worker, it cannot be the sole role of one specialist or another. In some the only person who secures the parent's confidence and therefore is the only person capable attitudes and behaviors. Therefore, parent education or involvement is based on a broad desi dual report card conferences with the teacher, teaching demonstrations, school social activi encing with the social worker, nurse, speech therapist, physical therapist, occupational the parent discussion group program ich approaches the problems through informal but focused d technique. Offering an effective parent education involvement program is based on the fact (severity) of the handicapping condition is largely defined by the perceptions, attitudes an ficant persons within the child's life experience. These include the parents who, if infant ally working at cross purposes, can adroitly stifle the student's progress within the progra tude and behavior inventory is included as Appendix B.

HETEROGENEOUS GROUPING & OBJECTIVE RESULTS

Many parents and all too many educators are needlessly concerned with whether the slowe "Johnny" back; or will the other student's stuttering cause Johnny to stammer; or will anoth behavior cause Johnny to pick up bad social habits. All the evidence, both objective and ob from this three year program, overwhelmingly indicates that children model their behavior, t physical prowess, their modes of achieving and cooperative classroom behaviors after the stu within the classroom situation. This is easily understood because the student peer group an reinforce those student behaviors and attitudes which lead to group gratification within the were no significant differences between the upper third and the lower third of the classes i self-help skills, intelligence increments and academic readiness.

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with the teacher, teaching demonstrations, school social activities, individual confer-
, nurse, speech therapist, physical therapist, occupational therapist and a formalized
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s, can adroitly stifle the student's progress within the program. A sample parent atti-
s included as Appendix B.

CTIVE RESULTS

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her student's stuttering cause Johnny to stammer; or will another student's acting out
up bad social habits. All the evidence, both objective and observational, emerging
overwhelmingly indicates that children model their behavior, their work habits, their
of achieving and cooperative classroom behaviors after the students with those strengths
n. This is easily understood because the student peer group and the teacher reward and
iors and attitudes which lead to group gratification within the classroom setting. There
es between the upper third and the lower third of the classes in regard to gains made in
e increments and academic readiness.

APPENDIXES

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INDIVIDUAL PROGRAM PROFILE

(Final)

Student G is a student who was operating at the borderline normal level in terms of intellectual functioning. He has many problems associated with multiple congenital anomalies. These include absence of left eye, spinal defects, poor coordination and a hearing loss. Because the congenital defects affected both expressive and receptive sensory functions, he was most challenging in terms of his learning differencies. In addition his parents had become hyper-sensitized to the medical aspect because it seemed as if every time they went to an examination with another specialist, they discovered some new heretofore unrecognized anomaly.

EDUCATIONAL

A. Needs:

1. Visual perception training
2. Language development
3. Auditory training
4. Self-confidence

B. Objectives and Activities to Achieve Objectives:

1. His receptive vocabulary seems sufficient but he needs to broaden his conversational vocabulary.

   a. Play "what do I have in my hand," blindfold the child, then he must name the object and tell all he can about it.

   b. Use Language Master and have the child give a descriptive sentence for each picture.

+2. To learn to use the speech sounds that he is working on in speech therapy.

   a. Work closely with the speech therapist to keep informed on what he is doing in speech to find out how to carry it over into the classroom.

   b. Reward the child through praise for making the correct sounds.

3. To learn to use synonyms if he cannot pronounce a particular word.

   a. Play games asking questions such as, "What do you call your mother's sister?".

   b. Make a puzzle to find out which words go with different animals such as, pig--fat, giraffe--tall.

   c. Sort pictures by categories; such as sports, jobs, and etc.

* *An asterisk indicates an achieved objective.*
\+ *A plus sign indicates a partially achieved objective*
No indication (blank) indicates (substantially) unachieved.

4. To learn to speak through his mouth rather than his nose.

   a. Confer with the speech therapist and follow through with the activities that the therapist has begun.

   b. Reward with praise when he is able to distinguish that the sounds are coming through his nose and makes efforts to correct it.

5. To learn to use his tongue effectively when speaking.

   a. Consult with the therapist in regard to whether or not there is some minor paralysis on the left side of the mouth or whether it is merely that he is not using his tongue.

   b. Carry out tongue exercises, as they are fun to do--have the whole class participate for five minutes each day.

+ 6. To learn to relate words and pictures.

   a. Say an object word, have the child find the picture of it; or say an action word and have the child find the picture that portrays this action.

   b. Ask him to find pictures in magazines that show feeling such as surprise, sadness and anger.

* 7. To determine if his cross dominance has any effect on his visual perception. At this time he is left handed in almost all of his actions but uses his right eye to see.

   a. Follow an eye training course. Start by holding a pencil, having his eye follow it.
   b. Then have him follow a finger.
   c. Then have him follow his left hand.
   d. Then his right.
   e. Watch him as he works and ask him to switch hands and then watch the eye movements.
   f. It has been determined that his cross dominance does cause difficulty in visual-perceptual tasks.

* 8. To learn to match symbols that are alike.

   a. Use flannel board numbers and have the child match the number to the one on the board.
   b. Make numbers out of tag board and have him stack them to see that they are alike.
   c. Present letter series requiring identification of odd letters.
   c. Present letters with some rotation and have the child mark the correct ones.

\+ 9. To learn to isolate visual images through figure-ground training.

a. Point out the square things in the room.
b. Find puzzles in children's books where items are hidden in the picture and the child has to find them.
c. Use sections of the Frostig Figure-Ground training program.

\+ 10. To learn to match words.

a. Present simple series for pattern discrimination.
b. Use the Continental Press series of matching groups of words and letters.
c. Match signs around school.
d. Present series of words that display reversals or similar patterns.
e. Match color words.

\+ 11. To learn to reproduce designs from memory.

a. Prepare sets of picture completion exercises. Frostig and Continental Press have dittos available for this purpose.
b. Prepare simple designs and have him make them into pictures.
c. Draw a simple form on the chalk board, erase it and have him draw it.
d. Write combinations of letters, of numbers, erase it and have him reproduce.

\+ 12. To learn to tie his shoes.

a. Cover boxes with paper, have him practice on tying a bow on a box.
b. String beads and tie ends.
c. Practice tying someone else's shoes.

13. To learn to jump rope.

a. Face him and hold his hands; jump with him to teach the rhythm of jumping rope.
b. Hold the rope still and have him jump back and forth.
c. Swing the rope back and forth and have him jump back and forth.
d. Swing the rope over and have him jump, then count for him to develop the rhythm.

* 14. To learn to hear the differences in beginning sounds.

a. Play games such as, "I am going to the zoo," "I am taking something with me that starts with a p (or whatever)".
b. Read a list of words that all start the same except for one or two. Have him clap his hands on the ones that are different.
c. Present a series of pictures, have him mark the ones that start the same.

+ 15. To learn to listen for fine differences between words.

a. Pass out ditto sheets with pairs of pictures in each ...ck. Pronounce the name for each child, then tell him which one to mark.
b. Give commands, whisper them or make them silly or substitute silly words.

16. To learn to match rhyming words.

a. Read poems and have him pick out the rhyming words.
b. Have him complete orally very short rhymes begun by the teacher.

"We have fun
when we ___."

c. Scrambled rhymes may be used to increase auditory attention as well as learning to rhyme. Blindfold him and then present a rhyme in a broken sequence and see if he can guess it and say it back to you correctly. For example, say: Lost Bo-Peep has Little sheep her, and he would respond with: Little Bo-Peep has lost her sheep.

* 17. To learn to accept and not be so self-conscious about his handicapping condition.

a. Have him take off his patch and show the children his closed eyelid to settle curiosity.
b. To learn to give a casual answer to any stranger that should ask about his eye.
c. Help him build the idea that the patch is handsome and masculine.

+ 18. To develop more self-confidence around strangers.

a. Have him do errands for the class.
b. Have him explain to visitors about the work we are doing. Reward him for doing so.

MEDICAL

A. Needs:

1. Ophthalmological examination
2. Audiometric and otological examination
3. Orthopedic examination and physical therapy
4. Dental examination to assess poor tooth formation and lack of enamel

B. Objectives and Activities to Achieve Objectives:

1. Vision screening indicates 20-50 in his only eye and inability to rotate.

a. Referral to ophthalmologist-report indicates presently not correctable.
b. Institute preferential scaling

2. Hearing screening indicates total deafness in the left ear and a moderate to severe loss in the right ear.

a. Referral to audiologist confirms.
b. Referral to otologist indicates profound congenital deafness in the left ear and serous otitis media in the right ear.
c. In April a myringotomy with a tube implantation was completed with substantial improvement in the child's hearing.

3. Referred to orthopedist for suspected wry neck

a. An evaluation indicated that this was primarily poor posturing developed due to his use of monocular vision.
b. Physical therapy was recommended to strengthen weakened neck and back muscles due to this habit.

4. Referral to pediatrician regarding chronic tonsilitis

a. The pediatrician noted the fact that our speech therapist had identified the submucous cleft palate and believed a tonsilectomy and adenoidectomy was contraindicated in that this would increase his speech problems.
b. Treated by medication instead

5. Encourage parents to continue consultation with plastic surgeon regarding plastic repair of the left eye socket for eventual placement of an artificial eye.

6. Refer for dental care

a. The dentist put in a bridge in order to facilitate better articulation and mouth development.

PSYCHOLOGICAL

His relationships with both adults and peers have improved significantly. He accepts and has compensated for most of his handicaps. Though his speech is quite defective, he usually can be understood and makes an effort to be understood. He handles a pencil adequately and his visual motor coordination seems to be quite good at this time. He is functioning within normal range of intelligence and scores at the first grade level in reading and spelling and at a high kindergarten level in arithmetic.

SPEECH THERAPY

He needs to learn to produce sound and air through his mouth. He has several articulation and enunciation problems associated with the above.

1. Teach him to become aware that the sound escapes through his nose.
2. Teach him to produce the *f* and *th* sound in isolation.
3. He still cannot produce the *f* and *th* sound at the beginning of words.

PHYSICAL THERAPY

According to prescription he has received exercises for his upper back and neck muscles. He also has received stretching of the tight muscles. The involvement at this time seems minimal and he has made good progress.

SOCIAL SERVICES

This student and his family were referred to us by the Special Children's Clinic who had followed the child since September, 1969. Parent counseling was largely focused on giving the parents emotional support regarding further exploration of the numerous physical problems which the child had by virtue of his congenital anomalies. The mother was particularly anxious about "what would happen next". Both of the parents attended almost all of the formal parent discussion group sessions and benefited a great deal as well as contributed to the group. It was within these sessions that the father revealed a tendency to want his child to overcompensate for his disabilities, wanting him to have even more physical prowess than a normal child, overemphasizing the need for the child to stand up and fight. Much of this attitude seemed to stem from his own life experience in adolescence when he was involved in many fights and was prone to act out many of his feelings.

The parent education and parent counseling sessions tended to move both father and mother toward thinking more similarly about the child's handicapping conditions and his future. The mother became much less anxious and less overwhelmed with the various aspects of the congenital conditions and the father began to recognize that care in certain areas and limitations on some of the child's activities were necessary. The parents were finally able to accept the fact that though he had numerous deficits, he was effectively compensating and qualitatively they were not severe or hindering in terms of everyday functioning. As a consequence they left the program feeling that their child was normal or near normal in every aspect except speech. They realistically acknowledged that this would be a continuous problem requiring speech therapy during most of his childhood.

SAMPLE FROM ATTITUDE AND BEHAVIOR INVENTORY

In your opinion what is wrong with your child? When did you first begin or suspect that something was wrong? What do you believe caused the problem? Do you think there was any way this might have been prevented? _____

Which person seemed to understand your child least? How was he or she mistaken? What did he or she say? _____

Which person seemed to understand your child most? How was he or she helpful? What did he or she say? _____

If everything goes right, what do you hope for the future? _____

In the next year what do you hope the school program might accomplish?

How do you usually discipline your child? How often?

____ Spank

____ Discuss and Explain

____ Send to Room

____ Withdraw Privileges

____ Other

Do you discipline or correct this child differently from the other children?

How? Why?

What behavior, attitude or quality in your child presents you with the greatest problems?

Describe any highlights on difficulties between the child and his brothers and sisters.